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strength of the analysis, deterministic and probabilistic sensitivity tests were performed; all the quantities are expressed in Mexican pesos (MXP) at 2013. **RESULTS:** Both groups lose weight and reduce their BMI. However, these changes were earlier and more pronounced in the (DEP+DaE) group. DeP+DaE presented a significant higher percentage of patients reducing 10% of their intial weight (37% vs 17%, p-value<.05). Incremental cost was $1,455.09 MXP and incremental effectiveness was 20% in reducing the initial weight. The incremental cost-effectiveness ratio of (DEP+DaE) relative to DaE was calculated to be $7,374.07 MXP per additional percentage of reduction suggesting that DEP+DaE is cost-effective compared with DaE as a treatment for obesity in Mexico. **CONCLUSIONS:** The combination of DEP+DaE provides a cost effective improvement to the treatment of patients with a risk profile for obesity in Mexico.

PSY60

COST-EFFECTIVENESS ANALYSIS OF OXYCODONE LP AN OPIOID ANALGESIC FOR PATIENTS WITH MODERATE TO SEVERE PAIN SECONDARY TO CANCER IN MEXICO

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OBJECTIVES: To perform a complete economic evaluation type using oxycodone (Endocodil XR ®) versus morphine, buprenorphine (transdermal patches) and fentanyl (transdermal patches) on moderate to severe pain secondary to cancer type in Mexico, from the point of view of public health. **METHODS:** A cost-effectiveness analysis was made, a decision tree model was developed to simulate the costs and benefits of health outcomes of each opioid analgesic, the probabilities were obtained through a systematic review of the literature. The model has 13 cycles of 28 days under a time horizon of 364 days, the main measure of effectiveness was determined as days without severe adverse events and pain controlled, only measured direct medical costs and the ratio was obtained incremental cost-effectiveness, further a deterministic sensitivity analysis, probabilistic sensitivity analysis and budget impact was performed. **RESULTS:** The results demonstrate that oxycodone (Endocodil XR ®) is a dominant option respect to Buprenorphine (PT), fentanyl (PT), the results showed 309 days without severe adverse events and controlled pain compared to 219 and 255 respectively Oxycodone had a cost of $ 57,702.34 under $ 58,254.43 and 129,906.49 costing of their comparators respectively, compared to morphine oxycodone is more effective but more expensive, it had an ICER of $ 202.05, sensitivity analysis and budget impact showed that oxycodone remains an option cost-saving. **CONCLUSIONS:** The results demonstrate that oxycodone (Endocodil XR ®) is a cost-effective option for the treatment of patients with pain of moderate to severe secondary to cancer in Mexico, it is an option that effectively combines price and fails to meet the necessary standards for palliative care and pain management.

PSY61

COMPARATIVE PHARMACOECONOMIC ANALYSIS OF THE APPLICATION OF POSACONAZOLE, FLUCONAZOLE AND ITRACONAZOLE WITH THE PURPOSE OF PRIMARY PREVENTION OF INVASIVE FUNGAL INFECTION IN PATIENTS WITH NEUTROPENIA DURING CHEMOTHERAPY FOR ACUTE MYELOGENOUS LEUKEMIA OR MYELODYSPLASTIC SYNDROME

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OBJECTIVES: To perform ñomparative pharmacoeconomic analysis of alternative schemes for prevention of invasive mycosis with fluconazole, itraconazole and posaconazole in patients with neutropenia, after chemotherapy for acute myelogenous leukemia or myelodysplastic syndrome. **METHODS:** Were reviewed research on the clinical effectiveness and safety of use of Posaconazole. Assess of the quality of research and level of evidence obtained in these results was performed. The model is constructed on the basis of the results of a multicenter randomized trial Cornely O. A. et al., 2007. The model calculated the differences in direct medical costs for the use of drugs, as well as the cost of medical treatment cases invasive mycosis the ineffectiveness of primary prevention. The duration of preventive treatment, the probability of various outcomes correspond to the data of specified clinical study. **RESULTS:** Analysis of the evidence has shown that on patients with neutropenia antifungal prophylaxis with posaconazole is more effective than fluconazole/itraconazole, and significantly reduces the risk of developing invasive mycosis, and associated mortality. Total costs for the use of posaconazole was 13169 USD, that by 24.6 % higher than the use of fluconazole (total costs 9932 USD) and 24.3 % higher than itraconazole (total costs 9965 USD). Also use of posaconazole has increased the total number of LYG by 6%. The ICER was $ 21339 USD and 21117 USD compared to fluconazole and itraconazole, and lower than the estimated threshold of willingness to pay in the Russian Federation equal 38390 USD. One-way sensitivity analysis showed that in case of changes in the cost of posaconazole from 75% to 125 %, the ICER for a one LYG do not exceed the threshold of willingness to pay. **CONCLUSIONS:** Use of Posaconazole for prevention of invasive mycosis in patients with neutropenia is economically justified.

PSY62

COST-EFFECTIVENESS ANALYSIS OF ELTROMBOPAG AS SUPPORT TREATMENT IN CHRONIC HCV INFECTED PATIENTS WITH THROMBOCYTOPENIA TO ENABLE INTERFERON-BASED REGIMENS

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OBJECTIVES: Thrombocytopenia limits the use of interferon (INF) based regimens in chronic hepatitis C virus (HCV) patients. Eltrombopag, a thrombopoietin-receptor agonist, effectively elevates platelet count allowing optimal INF-treatment. The objective of the present study was to assess the cost-effectiveness as support treatment in chronic HCV infected patients with thrombocytopenia to enable INF-based treatment regimens from the Spanish Health System perspective. **METHODS:** A two-phase individual-level model was developed to evaluate the cost-effectiveness of eltrombopag treatment in thrombocytopenic HCV-patients over a lifetime horizon. Individual-level models are more flexible and provide more accurate estimations than Markov approaches. One million patients were simulated using data from trials ENABLE 1 and 2 and local studies. In the first phase, a discrete event simulation was used to recreate patient events during INF-treatment. When eltrombopag was considered, patients underwent an initial pre-INF treatment with eltrombopag. Those that failed to reach INF-label platelet count did not receive INF-based regimens. In the second phase, a microsimulation was used to emulate each patient from treatment discontinuation to death. Health states included fibrosis (F0, F1/2, F3, F4), liver decompensation, hepatocelullar carcinoma, liver transplant and death. Transition probabilities for each 1-month cycle, utilities and direct health care costs (€ 2014) were obtained from literature and national databases. A 3% annual discount was applied to costs and health outcomes. Sensitivity analysis with 0% and 5% discount rates were performed. **RESULTS:** Eltrombopag was associated with an average increment of 0.58 quality-adjusted life years (QALY) and an additional cost of €17,084.47/patient. The average incremental cost effectiveness ratio (ICER) was 29,808.26 €/QALY. Considering a €30,000 threshold, eltrombopag was cost-effective in 59.12% of cases. This proportion remained similar with 5% (56.7%) and 0% (63.25%) discount rates. **CONCLUSIONS:** With the premises considered in this study, eltrombopag in HCV patients could be considered cost-effective from the Spanish Health System perspective.

PSY63

COST-EFFECTIVENESS OF ROMIPLOSTIM FOR THE TREATMENT OF CHRONIC IMMUNE THROMBOCYTOPENIA IN PORTUGAL

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OBJECTIVES: To assess the cost-effectiveness of romiplostim in the treatment of Adult Immune Thrombocytopenia (ITP) in Portugal, versus eltrombopag and current medical standard of care (SoC). **METHODS:** A lifetime treatment-sequence cost-utility Markov model with an embedded decision tree was developed from the Portuguese Healthcare Payer perspective to compare romiplostim with eltrombopag and SoC in splenectomized patients, non-splenectomized patients and a combined population. Treatment sequences and health care utilization were validated by a Portuguese expert in ITP. Outcomes included incremental cost-utility ratio (ICUR). Costs (€, 2014) included drug acquisition costs and costs associated with monitoring patients and managing complications. **RESULTS:** In the combined population, romiplostim versus eltrombopag had incremental costs (IC) of 13.848€ and a quality-adjusted life-years (QALY) gain of 0,566, yielding an ICUR of 24.451€. Compared with SoC, romiplostim had IC of 18.622€ and a QALY gain of 0,938, yielding an ICUR of 19.848€. In splenectomized patients, the most prevalent sub-population in Portugal (65% of adult chronic ITP patients), romiplostim had an ICUR of 6.304€ versus eltrombopag and an ICUR of 3.179€ versus SoC. One-way sensitivity analysis showed that the model was most sensitive to variations in the drug doses/ percentage of utilization and costs (romiplostim, eltrombopag and intravenous immunoglobulin) and to the utility of patients responding to ITP treatments. In the combined population the probabilistic sensitivity analysis showed that romiplostim is likely to be cost-effective in 66% and 84% of samples versus eltrombopag and versus SoC at a willingness-to-pay threshold of 30.000€/QALY, respectively. **CONCLUSIONS:** Use of romiplostim in the ITP treatment pathway, compared with eltrombopag or SoC, is likely to be cost-effective in Portugal.

PSY64

BELIMUMAB FOR THE TREATMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN GREECE: A COST-EFFECTIVENESS AND COST-UTILITY ANALYSIS

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OBJECTIVES: Systemic Lupus Erythematosus (SLE) is a chronic autoimmune inflammatory disease, associated with significant health and socioeconomic burden. Current treatment of SLE involves glucocorticoids, antimalarials, non-steroid anti-inflammatory drugs, and immunosuppressive agents. Belimumab, a human IgG monoclonal antibody specific for soluble human B lymphocyte stimulator protein, is a novel pharmaceutical treatment approved as an add-on therapy in adult SLE patients with highly active disease (autoantibody-positive and low complement levels) despite treatment. The study objective was to estimate the incremental cost-effectiveness ratio (ICER) and incremental cost-utility ratio (ICUR) of adding belimumab to the Standard-of-Care (SoC) treatment of SLE patients with high disease activity in the Greek health care setting. **METHODS:** The analysis is based on the local adaptation of a micro-simulation model. The model follows individual patients over a lifelong period. Data on short-term outcomes were sourced from two randomized controlled trials (BLISS 72/7614). Long-term outcomes were estimated via natural history models developed on the basis of data from the John Hopkins cohort of SLE patients. Direct costs consisted of short-term disease activity related costs, organ damage costs, SoC treatment and belimumab administration costs. Short-term costs and costs of treatment were calculated on the basis of resource utilisation elicited from a panel of experts and using list prices (2013 prices). Organ damage costs were identified through a literature review. Results were discounted at 3.5% for both costs and effects. The study was performed from the perspective of the health care payer. **RESULTS:** Treatment with belimumab+SoC resulted in 0.81 added life years and 0.377 QALYs (Quality-Adjusted Life Years). This resulted in 18,350€ / LYG (Life-Year-Gained) and 27,254€/QALY. **CONCLUSIONS:** Cost-effectiveness and cost-utility ratios of belimumab compared to SoC treatment are below internationally applied thresholds. Belimumab can be considered as an add-on therapy to SoC for the treatment of SLE patients with highly active disease in Greece.